

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90213 022 ****61.25

DOCUMENT # N27771

1. Entity Name

PEMBROOKE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**2180 W. STATE ROAD 434
 SUITE 5000
 LONGWOOD FL 32779**

Mailing Address

**2180 W. STATE ROAD 434
 SUITE 5000
 LONGWOOD FL 32779**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3014019

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HART, JAMES W. JR.
 SENTRY MANAGEMENT, INC.
 2180 WEST S.R. 434, SUITE 5000
 LONGWOOD FL 32779**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
 NAME **ONDERICK, BILL**
 STREET ADDRESS **7248 HUNTERDON CT**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **D** ☐ Change ☒ Addition
 NAME **ROBINSON, LOUISE**
 STREET ADDRESS **7321 HUNTERDON CT**
 CITY-ST-ZIP **ORLANDO, FL 32835**

TITLE **PD** ☐ Delete
 NAME **MERLET, PATRICK**
 STREET ADDRESS **2904 LANGLEY PARK**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **TD** ☐ Change ☒ Addition
 NAME **BAHAMONDE, VICTOR**
 STREET ADDRESS **2916 BARRYMORE CT**
 CITY-ST-ZIP **ORLANDO, FL 32835**

TITLE **VD** ☐ Delete
 NAME **RUSSELL, BOB**
 STREET ADDRESS **7316 LISMORE CT**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **CONNOR, ANNA**
 STREET ADDRESS **7324 LISMORE CT**
 CITY-ST-ZIP **ORLANDO, FL 32835**

TITLE **SD** ☐ Delete
 NAME **DELO, AL**
 STREET ADDRESS **2668 RANGLEY COURT**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **D** ☐ Change ☒ Addition
 NAME **MIKE BELLOISE**
 STREET ADDRESS **2903 LANGLEY PARK CT**
 CITY-ST-ZIP **ORLANDO, FL 32835**

TITLE **TD** ☒ Delete
 NAME **LAMOTHE, CONNIE**
 STREET ADDRESS **7320 LISMORE COURT**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **RABY, DAVID L**
 STREET ADDRESS **2718 GRETAGREEN CT**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patrick Merlet
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/2002

407 380 0076 x103

CP2E037 (9/01)